

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/786746 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				2		2
4				2		2
5				2		2
6				2		2
7				2		2
8				2		2
9				2		2
10				2		2
11				2		2
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
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TOTAL IND.			1		1	
TOTAL DEP.			19		23	
TOTAL CLAIMS			20		25	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1		1	
TOTAL DEP.			19		23	
TOTAL CLAIMS			20		25	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS